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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
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TO: Registration Division of C	Section Corporations		
SUBJECT:	CLEAN I	T UP LLC	
SUBJECT:	(Name of Limit	ed Liability Company)	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this matt	ter to the following:	
	EDWIN V	'ELAZQUEZ	
		(Name of Person)	
	PRO TAX S	SERVICES INC.	
		(Firm/Company)	00
	937 LONG	SDALE AVE	OB JAN 16 W. STATE SECRETARISEEF FLORID
		(Address)	第一5
	LONGWOO	DD, FL 32750	
	(Cit	y/State and Zip Code)	FLO TE
For further information	n concerning this matter, please	e call:	PAR
EDWIN VEL	.AZQUEZ	at (407) 835 -	9845
(Nai	ne of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check	for the following amount:		
▼\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2007

CYNTHIA MCFERREN 328 GARLAND ST. DELTONA, FL 32725

SUBJECT: CLEAN IT UP LLC Ref. Number: W07000062502

We have received your document for CLEAN IT UP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P00000002204.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.



Marsha Thomas Regulatory Specialist II

Letter Number: 307A00072082

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CLEAN I	UP NOW LLC
(Must end with the word	'Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ess of the principal office of the Limited Liability Company is
The mailing address and street add	ess of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
328 GARLAND ST	PO BOX 5993
ARTICLE III - Registered Agen The Limited Liability Company cannot serve	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agen	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registr	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another on.)
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registr The name and the Florida street ad	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another on.)
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registr The name and the Florida street ad	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another on.) ress of the registered agent are:
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registr The name and the Florida street ad CY	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another on.) ress of the registered agent are: THIA MC FERREN
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registr The name and the Florida street ad CY 328	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another on.) ress of the registered agent are: THIA MC FERREN Name
ARTICLE III - Registered Agen (The Limited Liability Company cannot serve business entity with an active Florida registr The name and the Florida street ad CY 328	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another on.) ress of the registered agent are: THIA MC FERREN Name GARLAND ST rida street address (P.O. Box NOT acceptable)

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registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	CYNTHIA MC FERREN	
	PO BOX 5993	
	DELTONA, FL 32725	
MGR	ASHLEY M CARTER	
	PO BOX 5993	
	DELTONA, FL 32725	
		OR JAN
(Use attachment if necessary)		—— From

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CYNTHIA MC FERREN

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)